SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN MAR 1 6 2012

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

Amount Paid: \$625.0c Date: 4-20-15 Application No.: **あら** 3/10/12 B

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Chances in plans must be approved by the Zoning Department.	JCANT
LAND USE SANITARY PRIVY CONDITIONAL USE	SPECIAL USE B.O.A. OTHER
Use Tax Statement for Legal Description What of SE 1/4 of NE 1/4 of Section Cownship 4	7 North, Range 5 West Town of Eileen
Gov't Lot Lot Block Subdivision Subdivision Volume 1053 Page 441 of Deeds Parcel I.D. 04-03-0-	
Property Owner Markus F4 Jena L Barsch Contractor	tor Sciff (Phone)
y Colby Rd Moson, WI	Plumber Andry Rasmussen & Sons Inc
54856 Authoriz	Authorized Agent 1114 (Phone)
Telephone 715-746-3164 (Home) 715-3-09-0513 (Work) Written	Written Authorization Attached: Yes 🗍 No 🖫
Is your structure in a Shoyeland Zone? Yes 🗍 No 👿 If yes. Distance	Distance from Shoreline: greater than 75' 🔲 75' to 40' 🔲 less than 40 🗍
Structure: New Addition Existing Basement: Fair Market Value 1-50 000 Square Footage Square Sanitary:	ry: New Existing Privy City
# of bedrooms)	Type of Septic/Sanitary System At Grade System
sidence sq. ft	☐ Commercial Principal Building
Residence sq. ft. 1,564 ft Porch sq. ft 9 st	Commercial Principal Building Addition (explain)
Deck(2) sq. ft	☐ Commercial Accessory Building (explain)
nce w/attached garage (# of bedrooms)	☐ Commercial Accessory Building Addition (explain)
Residence sq. ft. Garage sq. ft Garage sq. ft Com	☐ Commercial Other (explain)
Residential Addition / Alteration (explain)	☐ Special/Conditional Use (explain)
☐ Residential Accessory Building (explain) ☐ Exte	External Improvements to Principal Building (explain)
	☐ External Improvements to Accessory Building (explain)
FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I	ITHOUT A PERMIT WILL RESULT IN PENALTIES s) and to the best of my (our) knowledge and belief it is true, correct and complete. I
(A) Common of the common formation (an experience of the common of the c	Value and that it will be paid when her Doubled County in determining whether

(we) acknowledge that I (we) am (are) responsible for the detail to issue a permit. I (we) further accept liability which may consent to county officials charged with administering consent to county officials. rther accept liability whi charged with administe it (we) am (are) provious and man it with the related upon by partient county independent in this application. I (we) am (are) providing in or with this application. I (we) easy to the above described property at any reasonable time for the purpose of inspection.

Date

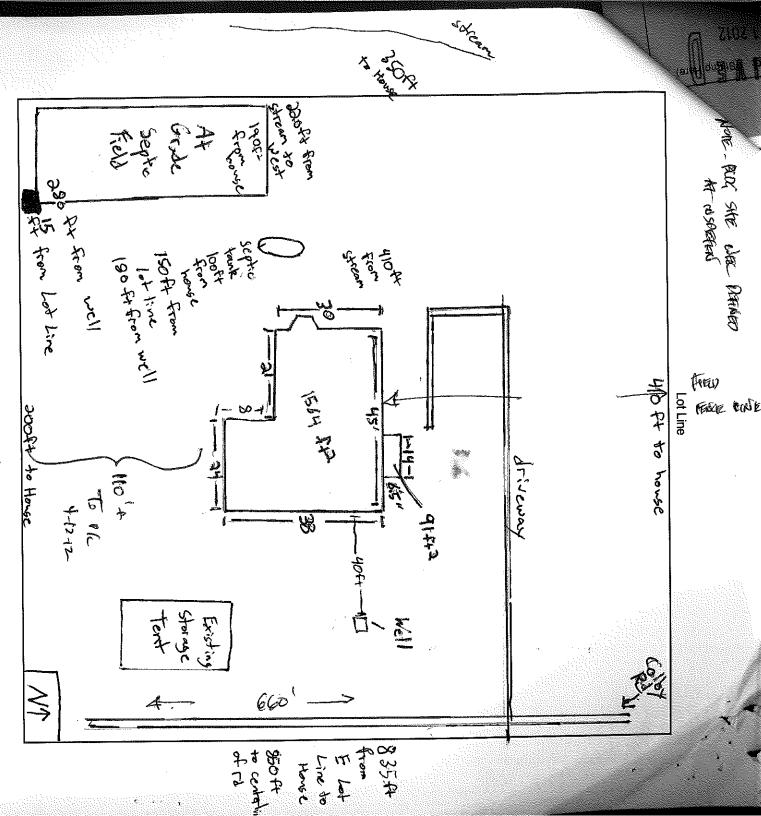
Date

Owner or Authorized Agent (Signature)

Mason, 95845

EH

		APR JOHNE
Date of Approval	Inspector	Report to Issuance
3-20-Pp	Simple Simple	
DATOD.	Maky wat be obtained their to the Star OF CONSTRUCTIONS	righty with be obtained
a statute noc installary	condition! DIJECT QUELLIS ("THE CODE) PERSON FIRE EDCHING CONTRACTED	Conditional Outlingua. Quaturas
Variance (B.O.A.) #		Mitigation Plan Required: Yes 🛭 No 🗖
Date of Inspection 3-(1-t2	By POC Date o	the locality be issued by Doc
s which be one teachers	Reason for Denial:	Reason for Denial: , , , , , , , , , , , , , , , , , , ,
Permit Denied (Date)	Permit Number 12 - 0077 Permit De	Date <u>4-20-16</u> Pe
Date 4/13/30/3	State Sanitary Number 12-135	Permit Issued:
(If you Atta	APPLICANT — PLEASE COMPLETE REVERSE SIDE	★ See Notice on Back AP
Copy of Tax Statement or	colby Nd. Mason, W. 54856	Address to send permit 65635 colby Na.



Name of Frontage Road (Colby RA

- -Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- N Show the location, size and dimensions of the structure.
- ယ Show the location, size and dimensions of attached deck(s), porch(s) or garage
- 4 Show the location of the well, holding tank, septic tank and drain field.

DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

SPORTAL-

- Ò Show the location of any lake, river, stream or pond if applicable.
- တ Show the location of other existing structures.
- Show the location of any wetlands or slopes over 20 percent.
- ∞ Show dimensions in feet on the following:
- Building to all lot lines
- Ö Building to centerline of road
- ရှင် Holding tank to closest lot line Building to lake, river, stream or pond
- Φ Holding tank to building
- Holding tank to well
- Holding tank to lake, river, stream or pond
- Privy to closest lot line

- Privy to building Privy to lake, river, stream or pond
- ج Septic Tank and Drain field to closest lot line
- ∄ Septic Tank and Drain field to building
 Septic Tank and Drain field to well
 Septic Tank, and Drain field to lake, river, stream or pond.
- \circ =Well to building

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits

will not make an inspection until location(s) are staked or marked Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector